

## EXHIBIT “D”



16  
SICK CALL REQUEST

Check one:

Dental

Medical

Mental Health

Name: Froy Moore  
(Print Name)

Inmate I.D. Number 853-403

Social Security No.

Housing Unit: B-14

Medical Problem (be specific): lower lumbar  
REQUESTING TO BE PUT BACK ON MY MEDICATION (ORICEPT)

Inmate's Signature Froy Moore Date: July 10, 2013 Time: 4:10 p.m.  
**FOR MEDICAL UNIT USE ONLY**  
Disposition: Seen

Provider's Signature: Debra Lee Date: July 13, 2013 Time: 10:38 a.m.  
86-146

MR 1



### SICK CALL REQUEST

Check one:

Dental

Medical

Mental Health

Name: 1803 L Moose Sr.  
(Print Name)

Inmate I.D. Number

853 403

Social Security No.

1168 58 3950

Housing Unit:

62

Medical Problem (be specific): INJURY TO BOTH FEET, REQUESTING  
TO CONSULT WITH DOCTOR ABOUT POSSIBLE ASSISTED Movement

Inmate's Signature: L - 1803 Date: 7/18/13 Time: 9:35 AM  
**FOR MEDICAL UNIT USE ONLY**

Disposition:

Cover

Provider's Signature: Stoerck Date: 7/18/13 Time: 9:35 AM



### SICK CALL REQUEST

Check one:

Dental

Medical

Name: Troy L. Moore Sr.  
(Print Name)

Inmate I.D. Number 8

Social Security No. 116-8-3

Housing Unit: G2 C

Medical Problem (be specific): Stru SUFFERING FROM HEAD ACHES  
PLEASE REVIEW NORTRIN SCRIPT FOR MED LINE

Inmate's Signature Troy L. Moore Sr. Date: 10/5/13 Time: 3:00 PM  
**FOR MEDICAL UNIT USE ONLY**

Disposition:

Seen by Doctor Date: 10/5/13 Time: 3:00 PM  
Provider's Signature: John H. Miller

**MR 3**



10/29/13  
SICK CALL REQUEST

Check one:

Dental

Medical

Mental Health

Name: Troy L. Moore Sr.  
(Print Name)

Inmate I.D. Number 853403  
Social Security No. 168 58 3950

Housing Unit: 3A CELL 18

Medical Problem (be specific): NEED ANTI FUNGAL CREAM RENEWED

Inmate's Signature [Signature] Date: 10/29/13 Time: 2220  
**FOR MEDICAL UNIT USE ONLY**

Disposition: DO NOT DO

Provider's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_



### SICK CALL REQUEST

Check one:

Dental

Medical

Mental Health

Name: TROY L. DOBBE SR.  
(Print Name)

Inmate I.D. Number 853 403

Social Security No. 168 58 3950

Housing Unit: 62 CBL 18

Medical Problem (be specific): STILL SUFFERING FROM UPSET STOMACH, PLEASE RENEW PERTO BISMAL TABLETS FOR MED WINE

Inmate's Signature: Frank Date: 10/22/13 Time: 1:00 PM

**FOR MEDICAL UNIT USE ONLY**

Disposition:

See my health  
Provider's Signature: Johnna H. Date: 10/26/13 Time: 10:00 AM

86-146

**MR 5**



### SICK CALL REQUEST

Check one:

Dental

Medical

Mental Health

Name: ROY L. MOSE SR.  
(Print Name)

Inmate I.D. Number 853 403  
Social Security No. 168-58-3950

Housing Unit: G2 Cell 18

Medical Problem (be specific): PLEASE REVIEW MY ANTI FUNGAL  
FOOT CREAM FOR MEDICATION LINE,

THANK YOU

Inmate's Signature FAT Date: 10-17-13 Time: 8:00 AM

**FOR MEDICAL UNIT USE ONLY**

Disposition:

Refused to see me

Provider's Signature: Chapman Date: 10/17/13 Time: 8:30  
86-146



### SICK CALL REQUEST

Check one:

Dental

Medical

Mental Health

Name: TROY L. MOORE SR. Inmate I.D. Number 853 403  
(Print Name)

Social Security No. \_\_\_\_\_

Housing Unit: \_\_\_\_\_

Medical Problem (be specific): HEADACHE & EARACHE  
FOR TWO DAYS

Inmate's Signature JLH Date: 10-9-13 Time: 9:45  
**FOR MEDICAL UNIT USE ONLY**

Disposition: DOCTOR

Provider's Signature: MR 7 Date: \_\_\_\_\_ Time: \_\_\_\_\_



### SICK CALL REQUEST

Check one:

Dental

Medical

✓

Mental Health

Name: ROY L. MOORE SP.  
(Print Name)

Inmate I.D. Number  
853 403

Social Security No. 168 58 3950

Housing Unit: 62 Cell 18

Medical Problem (be specific): REQUESTING TO SEE MR. GEE

TO DISCUSS ONGOING PSYCH ISSUES

ASAP ✓ PTSD PROBLEM HAS REOCCURRED

SINCE TRAUMATIC INCIDENT ON 9-16-13

Inmate's Signature R. L. Moore

Date: 9-25-13 Time: 2:50 PM

**FOR MEDICAL UNIT USE ONLY**

Disposition: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

86-146



### SICK CALL REQUEST

Check one:

Dental

Medical

Mental Health

Name: TROY L. MORSE SR.  
(Print Name)

Inmate I.D. Number 853 403

Social Security No. 168 58 3950

Housing Unit: 62 Cen 18

Medical Problem (be specific): SHORNESS OF BREATH, THROTTING UP,  
DIARRHEA, RASH (FACIAL & ARMS) DUE TO EXPOSURE  
OF RAW SEWAGE FOR SEVERAL HOURS

Inmate's Signature See M Date: 9-17-13 Time: 1:15

**FOR MEDICAL UNIT USE ONLY**

Disposition:

See M Provider's Signature: A. Sharron Date: 9/17/15 Time: 1:15



### SICK CALL REQUEST

Check one:

Dental

Medical

Mental Health

Name: ROY LAMONT MOORE SR. Inmate I.D. Number 853 403  
(Print Name)

Housing Unit:

Medical Problem (be specific): NEED PRESCRIPTION FOR NARBOXIN  
REVIEWED AS SOON AS POSSIBLE, THANK YOU

Inmate's Signature: J. T. P. Date: 7-29-13 Time: 9:00 AM  
**FOR MEDICAL UNIT USE ONLY**  
Disposition: 1st floor  
Provider's Signature: R. M. Moore Date: 7-29-13 Time: 9:00 AM

**MR 10**